

HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

STATE OF HAWAII STATE ETHICS COMMISSION

	(Type or P	rint Clearly)	STATE ETHICS COMMISSION
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	M `	539-0834
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Su	ite 1400		EMAIL gslovin@awlaw.com
(City)	(State)		(Zip Code)
Honolulu	HI		96813
EMPLOYING ORGANIZATION (Fill i	o lobby) TELEPHONE		
Slovin & Ito, LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Sui	te 1400		EMAIL
(City)	(State)		(Zip Code)
Honolulu	HI		96813

NAME OF ORGANIZATION YOU	TELEPHONE 973-753-6000 FAX EMAIL	
Wyndham Worldwide Cor		
MAILING ADDRESS (Street)		
7 Sylvan Way		
(City)	(State)	(Zip Code)
Parsippany	NK	07054
NAME OF PERSON RESPONSIBLE F	TELEPHONE	
Thomas Goodman	407-370-5313	
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6277 Sea Harbor Drive		EMAIL tom.goodman@wyn.com
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Orlando	FL	32821

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PART III DESCRIPTIO	N OF CUR IFOTO URON WAL	ICH VOIL EVDECT TO LODE	
Agriculture	N OF SUBJECTS UPON WH	Human Services	Science, Technology &
	Lagounon		Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	✓ Labor & Employment	Transportation
Culture, Arts. Historic Preservation	Health	Planning, Land & Water Use Management	✓ Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Taxation	
PART IV CERTIFICATI	ON OF LOBBYIST		
I hereby certify that ti	he information furnished abov	e is, to the best of my knowle	dge, correct and complete.
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	h. sta		118 /2013
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZAT	ION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Marcus Banks	SVP Litigation and Government Relations		
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Wyndam Worldwide Corporation			973-753-7839
MAILING ADDRESS (Street)			FAX
J		EMAIL narcus.banks@wyn.com	
(City)	(State)		(Zip Code)
Parsippany	NJ		07054
I hereby outhorize the	e above married person to er	agago in lobbying activities on	hehalf of the undersigned
i nereby audionze un	anove mainey person to er		1
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(Signature of Authorizing Officer or Person Represented)

(Date)